



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 090200005

CITY OR TOWN NORTHBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WEST END CORP.

DOING BUSINESS AS WHITE CLIFFS REST.

ADDRESS 167 EAST MAIN ST.

CITY/TOWN: NORTHBOROUGH

STATE: MA

ZIP CODE: 01532

MANAGER: LOPRESTI,  
MICHAEL

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 STORY FRAME BLDG. W/SEVEN ROOMS ON FIRST FLOOR BAR, KITCHEN AND 5 DINING ROOMS, THREE ROOMS ON SECOND FLOOR, ENTRANCE AND EXITS ON MAIN ST.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 090200006

CITY OR TOWN NORTHBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SARRO ENTITIES LLC

DOING BUSINESS AS JJ'S SPORTS BAR & GRILL

ADDRESS JCT. RTES 9 & 20

CITY/TOWN: NORTHBOROUGH

STATE: MA

ZIP CODE: 01532

MANAGER: SARRO, PETER

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

restaurant and bar to include outside deck, one entrance located on rte 20 side of bldg and exits at front, rear and side

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 090200007

CITY OR TOWN NORTHBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: C.J RESTAURANT ENTERPRISES, LLC

DOING BUSINESS A CELTIC TAVERN

ADDRESS LAWRENCE ST. & RTE 9

CITY/TOWN: NORTHBOROUGH STATE: MA ZIP CODE: 01532

MANAGER: KOULISIS, SPIRO TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY RESTAURANT W/ KITCHEN, DINING ROOM, AND OUTDOOR PATIO. SOTRAGE ROOM IN CELLAR. ENT/EXIT ON BWLMONT STREET/ROUTE 9

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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DISAPPROVED: ☐

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 090200011

CITY OR TOWN NORTHBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHET'S DINER, INC.

DOING BUSINESS AS CHET'S DINER

ADDRESS RTE. 20

CITY/TOWN: NORTHBOROUGH

STATE: MA

ZIP CODE: 01532

MANAGER: FIDRYCH JESSICA TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

DINER W/ ATTACHED DINING ROOM AND ADJACENT ROOM TOGETHER W/ KITCHEN  
AND CELLAR FOR STORAGE, ENTRANCES AND EXITS ON MAIN ST.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 090200015

CITY OR TOWN NORTHBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FRE-MAR, INC.

DOING BUSINESS AS THE STEAKLOFT REST.

ADDRESS 369 WEST MAIN ST.

CITY/TOWN: NORTHBOROUGH

STATE: MA

ZIP CODE: 01532

MANAGER: JOHNSON, MARK TYPE OF LICENSE: Restaurant  
ALAN

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

LOWER LEVEL OF CEMENT BLOCK BLDG. CONSISTING OF 2900 SQ. FT. OF FLOOR SPACE  
FOR DINING AREA, LOUNGE, OFFICE, BAR AREA, SUPPLY ADDITIONAL ROOM FOR  
KITCHEN, STORAGE, ENTRANCE AND EXIT ON WEST MAIN ST.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

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By:

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 090200019

CITY OR TOWN NORTHBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: J.R.B., INC

DOING BUSINESS AS NORTHBORO LIQUORS

ADDRESS 15 WEST MAIN STREET

CITY/TOWN: NORTHBOROUGH STATE: MA ZIP CODE: 01532

MANAGER: BURBY, JOHN R TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY CONCRETE BLDG. 26 X 70, INTERIOR DIVIDED INTO A RETAIL DISPLAY AREA, OFFICE, PRODUCTS STORAGE AREA, AND LAVATORIES, ALL ON STREET FLOOR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 090200020

CITY OR TOWN NORTHBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BACON'S WINE & SPIRITS OF NORTHBOROUGH LLC

DOING BUSINESS AS BACON'S WINE & SPIRITS

ADDRESS 308 MAIN STREET

CITY/TOWN: NORTHBOROUGH

STATE: MA

ZIP CODE: 01532

MANAGER: BACON,  
CHARLES J.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY CONCRETE BLDG. WITH OFFICE, STORE COOLER, STORE ROOM, AND  
DISPLAY ROOM, ENTRANCE AND EXIT ON MAIN ST.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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LOCAL LICENSING AUTHORITY

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 090200022

CITY OR TOWN NORTHBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Honey Farms, Inc

DOING BUSINESS AS Honey Farms

ADDRESS 369 WEST MAIN ST

CITY/TOWN: NORTHBOROUGH

STATE: MA

ZIP CODE: 01530

MANAGER: PADULA,  
RICHARD

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

EXITS AND ENTRANCES ON WEST MAIN ST. ONE FLOOR, ONE ROOM, FREEZER AREA,  
LOCATED IN MINI MALL.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:





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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 090200024

CITY OR TOWN NORTHBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: YOONG TONG FAMILY, CORP.

DOING BUSINESS AS YOONG TONG THAI RESTAURANT

ADDRESS 278 MAIN STREET

CITY/TOWN: NORTHBOROUGH

STATE: MA

ZIP CODE: 01532

MANAGER: LEE, JIMMY

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

WOOD FRAME STRUCTURE CONSISTING OF A KITCHEN, DINING ROOM, AND AN OPEN VIEW DINING ROOM; ONE FRONT ENTRANCE AND EXIT; ONE REAR EMERGENCY EXIT AND ONE DELIVERY EXIT IN KITCHEN.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 090200025

CITY OR TOWN NORTHBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JUNIPER HILL GOLF COURSE, INC.

DOING BUSINESS AS

ADDRESS 202 BRIGHAM STREET

CITY/TOWN: NORTHBOROUGH

STATE: MA

ZIP CODE: 01532

MANAGER: DARLING,  
DUDLEY

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY WOOD FRAME BUILDING WITH TEN ROOMS ON THE FIRST FLOOR, TWELVE ROOMS ON THE SECOND FLOOR, INCLUDING A BASEMENT, DECK AND AND DESIGNATED GROUNDS WITH ENTRANCES AND EXITS ON BRIGHAM ST.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 090200026

CITY OR TOWN NORTHBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JUNIPER HILL GOLF COURSE, INC.

DOING BUSINESS AS

ADDRESS 169 BRIGHAM STREET

CITY/TOWN: NORTHBOROUGH

STATE: MA

ZIP CODE: 01532

MANAGER: DARLING,  
DUDLEY

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY WOOD FRAME BUILDING WITH FOUR ROOMS ON FIRST FLOOR, LOFT ON SECOND FLOOR, CELLAR AND PATIO. DESIGNATED GROUNDS AREA WITH ENTRANCES AND EXITS ON BRIGHAM ST

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

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By:

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DATE:



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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 090200027

CITY OR TOWN NORTHBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RELIANCE BEER & WINE INC.

DOING BUSINESS AS

ADDRESS 293 WEST MAIN STREET

CITY/TOWN: NORTHBOROUGH

STATE: MA

ZIP CODE: 01532

MANAGER: PATEL, NAKULA TYPE OF LICENSE: Package Store  
A.

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FREE STANDING BUILDING APPROX. 22' X 80' WITH TWO FRONT ENTRANCES, ONE REAR  
OFFICE WITH EXIT AND TWO WALK-IN COOLERS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 090200028

CITY OR TOWN NORTHBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HARSH, INC

DOING BUSINESS AS COUNTRY DISCOUNT LIQUORS

ADDRESS 411 WEST MAIN STREET

CITY/TOWN: NORTHBOROUGH

STATE: MA

ZIP CODE: 01532

MANAGER: PATEL, SHAILESH TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2900 SQ. FT. OF RETAIL SPACE ON FIRST FLOOR, PARKING LOT LEVEL, STORAGE ROOM  
AND OFFICE WITH MAIN ENTRANCE FRONTING ON WEST MAIN STREET AND TWO  
ADDITIONAL ENTRANCES ON WESTERLY SIDE OF BLDG.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 090200031

CITY OR TOWN NORTHBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ANTHONY J TOMAIOLO

DOING BUSINESS AS A. J.'S PUB

ADDRESS 411 WEST MAIN ST

CITY/TOWN: NORTHBOROUGH

STATE: MA

ZIP CODE: 01532

MANAGER: TOMAIOLO,  
ANTHONY J.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

DINING ROOM, BAR AND LOUNGE WITH ENTRANCE/EXIT AT THE FRONT OF BLDG AND  
ONE EXIT AT SIDE OF BLDG

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

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By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 090200032

CITY OR TOWN NORTHBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: VINCENT F. PICARD POST 234

DOING BUSINESS AS AMERICAN LEGION

ADDRESS 402 WEST MAIN ST

CITY/TOWN: NORTHBOROUGH

STATE: MA

ZIP CODE: 01532

MANAGER: MARINO JR.,  
THOMAS

TYPE OF LICENSE: Veterans club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ENTRANCE AND EXIT ON WEST MAIN ST, TWO STORY FRAME BUILDING, INCLUDING  
CELLAR AND APARTMENT FOR CUSTODIAN ON SECOND FLOOR AND FULLY ENCLOSED  
1200 SQ FT AREA FOR BOCCO COURTS WITH ENTRANCE AND EXIT AREA FROM THE  
RIGHT REAR OF THE BUILDING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 090200034

CITY OR TOWN NORTHBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: COMPETE, INC.

DOING BUSINESS AS ROMAINES

ADDRESS 299 WEST MAIN ST

CITY/TOWN: NORTHBOROUGH

STATE: MA

ZIP CODE: 01532

MANAGER: ROMAINES, ERIN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

One story, full service restaurant with a main dining room, expanded bar/lounge area, office and storage area and enclosed patio/function room with two restrooms in the dining room and one restroom in the kitchen. Entrance an exit in dining room, bar area, function room and kitchen

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:





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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 090200035

CITY OR TOWN NORTHBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JACK AZAR & ELIAS AZAR

DOING BUSINESS A NORTHBORO CENTER GASOLINE

ADDRESS 36 WEST MAIN STREET

CITY/TOWN: NORTHBOROUGH

STATE: MA

ZIP CODE: 01532

MANAGER:

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

A SELF SERVICE GAS STATION WITH A FULL SERVICE ISLAND AND A CONVENIENCE  
STORE WITH AN ENTRANCE ON WEST MAIN ST AND AN EXIT ON CHURCH ST

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 090200036

CITY OR TOWN NORTHBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: INDOOR SPORTS MANAGEMENT INC.

DOING BUSINESS AS REPLAYS

ADDRESS 185 OTIS ST

CITY/TOWN: NORTHBOROUGH

STATE: MA

ZIP CODE: 01532

MANAGER: LOVEN, JEFFREY TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

SPORTS PUB LOCATED WITH AN INDOOR SPORTS COMPLEX, INCLUDING A BAR, LOUNGE AND CONCESSION AREA WITH SEATING FOR 120 PATRONS. A SEPARATE FUNCTION AREA, INCLUDING AN OUTSIDE PICNIC AREA, WILL PROVIDE BEER AND WINE SERVICE FOR SPECIAL EVENTS ON A PERIODIC BASIS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 090200040

CITY OR TOWN NORTHBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: COFFMAN SPECIALTIES CORPORATION

DOING BUSINESS AS ARMENO COFFEE ROASTERS

ADDRESS 75 OTIS STREET

CITY/TOWN: NORTHBOROUGH

STATE: MA

ZIP CODE: 01532

MANAGER: COFFMAN,  
CHARLES

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ENTRENCE ON OTIS ST. RETAIL SPACE IN FRONT OF BUILDING FOR COFFEE. ENTRENCE INTO LARGER COFFEE ROASTING SPACE IN MIDDLE OF BUILDING. ADDITIONAL EXIT LOCATED IN BASEMENT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 090200042

CITY OR TOWN NORTHBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PADMAVATHI MOHANRAJU

DOING BUSINESS A HELEN'S VARIETY

ADDRESS 292 MAIN ST

CITY/TOWN: NORTHBOROUGH

STATE: MA

ZIP CODE: 01532

MANAGER:

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

928 SQFT RETAIL STORE LOCATED WITHIN MINI-MALL WITH ONE DOUBLE DOOR FOR  
ENTRANCE AND EXIT LOCATED AT FRONT OF THE PREMISES FACING MAIN STREET  
AND ON BACK DOOR FOR EMERGENCY EXIT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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LOCAL LICENSING AUTHORITY

By:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 090200043

CITY OR TOWN NORTHBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Ti-Amo, Inc

DOING BUSINESS A Guiseppe's grille and Tazza D'Oro

ADDRESS 35 SOLOMON\_POND ROAD

CITY/TOWN: NORTHBOROUGH

STATE: MA

ZIP CODE: 01532

MANAGER: Capuano, Amy

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BUILDING WITH LARGE KITCHEN, THREE DINING ROOMS, ONE FUNCTION ROOM, ONE BAR AND OUTSIDE DECK LOCATED OFF MAIN DINING ROOM. FRONT ENTRANCE AND EXIT FACING SOLOMON POND RD, EMERGENCY EXITS THROUGH KITCHEN, LOUNGE AND FUNCTION ROOMS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 090200045

CITY OR TOWN NORTHBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE TEXAS BBQ COMPANY

DOING BUSINESS AS THE TEXAS BBQ COMPANY

ADDRESS 309 MAIN STREET

CITY/TOWN: NORTHBOROUGH

STATE: MA

ZIP CODE: 01532

MANAGER: BRANNON, DAVID TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

APPROX. 1800 S/F IN SINGLE STORY BLDG; DINING AND BAR AREA IN FRONT PORTION OF RESTAURANT; ENTRANCE IN FRONT; EXIT ON SIDE NEAR RESTROOMS; KITCHEN AND EMPLOYEE RESTROOM IN REAR WITH AN EXIT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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*Alcoholic Beverages Control Commission*  
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 090200048

CITY OR TOWN NORTHBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MIKAKU,INC.

DOING BUSINESS AS

ADDRESS 290 WEST MAIN ST

CITY/TOWN: NORTHBOROUGH

STATE: MA

ZIP CODE: 01532

MANAGER: SU, ARTHUR

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

AQ. FT. JAPANESE REST. AND SUSHI BAR WITH SEATING FOR APPROX 40 PERSONS WIT 1 FRONT AND 1 REAR ENTRANCE AND AN EMERGENCY EXIT LOCATED IN KITCHEN. REST. IS IDENTIFIED AS UNIT #9 WITHIN A STRIP MALL AT 290 WEST MAIN ST.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 090200049

CITY OR TOWN NORTHBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MARC TURO

DOING BUSINESS AS BISTRO LIMONCELLO

ADDRESS 290 WEST MAIN ST

CITY/TOWN: NORTHBOROUGH

STATE: MA

ZIP CODE: 01532

MANAGER: TURO, MARC

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

1550 SF OF RESTAURANT SPACE WITH FRONT AND REAR ENTRANCES, DINING AREA, KITCHEN, SMALL STORAGE AREA AND RESTROOMS..INCLUDE AN ENCLOSED OUTDOOR SEATING AREA LOCATED AT THE FRONT OF THE BUILDING WITH SEATING FOR TEN PATRONS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 090200050

CITY OR TOWN NORTHBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: YAMA ZAKURA CORP.

DOING BUSINESS AS

ADDRESS 369 WEST MAIN STREET

CITY/TOWN: NORTHBOROUGH

STATE: MA

ZIP CODE: 01532

MANAGER: VONGKHAMHEU TYPE OF LICENSE: Restaurant  
NG, SIPPASONG

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

1400 SQ. FT. REST. SPACE ON FIRST LEVEL WITH SUSHI BAR; FRONT ENT/EXIT FACES WEST MAIN ST., REAR EXIT FACES DAVIS ST. FULLY SPRINKLED. PROPOSED ALTERATION WILL DOUBLE OVERALL SPACE BY INCORPORATING ADJACENT PREMISES: DINING ROOM WILL INCLUDE A TOTAL SEATING CAPACITY OF 75, WITH RECONFIGURED AND EXPANDED KITCHEN AREA. EXPANDED SUSHI BAR AND ENTRANCE MOVED TO NEW LOCATION WITH AN ADDITIONAL WAIT AND HOSTESS STATION, TWO WASHROOMS AND ADDITIONAL STORAGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 090200051

CITY OR TOWN NORTHBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MORMAX CORPORATION

DOING BUSINESS AS BJ'S WHOLESALE CLUB

ADDRESS 6102 SHOPS WAY

CITY/TOWN: NORTHBOROUGH

STATE: MA

ZIP CODE: 01532

MANAGER: MAREIRA, DIANE TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SALE OF ALCOHOLIC BEVERAGES THROUGHOUT THE ENTIRE AREA OF A 124,303 SQ. FT. BLDG. WITH DEFINED AISLES FOR THE DISPLAY OF ALCOHOLIC BEVERAGES FOR SALE THAT WILL BE CORDONED OFF DURING NON-SALES HOURS. THE STORE WILL HAVE ONE MAIN ENT/EXIT, ADDITIONAL EXITS, AND STORAGE LOCATED IN THE REAR OF THE BLDG.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 090200052

CITY OR TOWN NORTHBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MAMA'S PIZZERIA & MORE INC.

DOING BUSINESS AS MAMA'S PIZZERIA & MORE

ADDRESS 10 BLAKE STREET

CITY/TOWN: NORTHBOROUGH

STATE: MA

ZIP CODE: 01532

MANAGER: ADAMS, JENNIFER TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Cordials

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ENTRANCE IN FRONT, DINING AREA HAS BOOTHS ALONG THE LEFT SIDE OF THE ENTRANCE, TABLES IN THE MIDDLE FOR SEATING OF FOUR WITH BOOTHS ON THE RIGHT SIDE OF THE WALL... HALLWAY AFTER BOOTHS ON RIGHT SIDE LEADS TO RESTROOMS, ALONG WITH EXIT ON THE LEFT SIDE OF BUILDING IS THE KITCHEN, IN THE REAR OF THE KITCHEN IS A DOOR THAT LEADS TO THE EXIT AND RESTROOMS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
**239 Causeway Street**  
**Boston, MA 02114**  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 090200053

CITY OR TOWN NORTHBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SEA DOG STEAK & ALE LLC

DOING BUSINESS AS SEA DOG STEAK & ALE

ADDRESS 318 MAIN STREET

CITY/TOWN: NORTHBOROUGH

STATE: MA

ZIP CODE: 01532

MANAGER: MINICHELLO,  
MICHAEL

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

APPROX. 4654 SQ FT OF RESTAURANT SPACE LOCATED WITHIN A STRIP MALL WITH A DINING ROOM, BAR AREA AND A FULLY FENCED IN OUTDOOR PATIO...THERE ARE SIX EXIT DOORS AND ONE ENTRANCE, AS WELL AS REST ROOMS, AN OFFICE, KITCHEN, WALK IN REFRIDGERATOR AND FREEZER, LIQUOR ROOM AND BASEMENT STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 090200054

CITY OR TOWN NORTHBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WEGMANS MASSACHUSETTS, INC

DOING BUSINESS AS WEGMANS

ADDRESS 9102-9104 SHOPS WAY

CITY/TOWN: NORTHBOROUGH

STATE: MA

ZIP CODE: 01532

MANAGER: RUSSELL, KEVIN TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

